

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUES

A contested case hearing was held on October 20, 2009, to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of the IRO that the Claimant is not entitled to continued occupational therapy for three (3) times a week for four (4) weeks for the compensable injury of _____?

PARTIES PRESENT

Claimant appeared and was assisted by ombudsman DM. Petitioner/Subclaimant appeared and was represented by AR, lay person. Carrier appeared by telephone and was represented by BJ, attorney.

AGREEMENT

The parties reached an agreement. The agreement resolves only those issues to be decided at this hearing. The agreement does not resolve all issues with regard to this claim and is not a settlement.

In this decision, this Agreement section includes findings of fact and the Decision section constitutes the conclusions of law.

The Hearing Officer found:

- A. Respondent/Carrier delivered to Claimant and Petitioner/Subclaimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.

The parties agreed as follows:

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
3. On _____, Claimant was the employee of (Employer), and sustained a compensable injury.

4. The preponderance of the evidence is contrary to the decision of the IRO, and Claimant is entitled to continued occupational therapy three (3) times a week for four (4) weeks.

DECISION

Claimant is entitled to continued occupational therapy three (3) times a week for four (4) weeks.

ORDER

Respondent/Carrier is liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **TEXAS MUTUAL INSURANCE COMPANY**, and the name and address of its registered agent for service of process is:

**RON WRIGHT, PRESIDENT
TEXAS MUTUAL INSURANCE COMPANY
6210 EAST HIGHWAY 290
AUSTIN, TEXAS 78723**

Signed this 20th day of October, 2009

Cheryl Dean
Hearing Officer